

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Veterans for a Strong America		3. FEC Identification Number C C90013848
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 1246		
(c) City, State and ZIP Code Sioux Falls SD 57101		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Peter Christopher Winkelman	<i>Peter Christopher Winkelman</i> <i>[Electronically Filed]</i>	10/18/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Veterans for a Strong America

Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 600 Fairmount Avenue Suite 306		Amount 691100.00 Transaction ID : F57.000001
City Towson	State MD	
Purpose of Expenditure TV ad production & placement: "Form letters"	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 691100.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Angler, LLC		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1100 G Street, NW Suite 805		Amount 46000.00 Transaction ID : F57.000002
City Washington	State DC	
Purpose of Expenditure Social media production & placement: "Form Letters"	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 737100.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Angler, LLC		Date MM / DD / YYYY 10 / 18 / 2012
Mailing Address 1100 G Street, NW Suite 805		Amount 1000.00 Transaction ID : F57.000003
City Washington	State DC	
Purpose of Expenditure Social media production: "Leaks Threaten Lives"	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 738100.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	738100.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

Veterans for a Strong America

Full Name (Last, First, Middle Initial) of Payee

Angler, LLC

Date

10 / 18 / 2012

Mailing Address

1100 G Street NW

Suite 805

Amount

3000.00

Transaction ID : F57.000004

City

State

Zip Code

Washington

DC

20005

Purpose of Expenditure

Social media production: "Vaughns"

Category/
Type 004

Office Sought:

House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Check One:

Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

741100.00

Disbursement For: 2012

Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

____ / ____ / _____

Mailing Address

Amount

____,____,____.____

City

State

Zip Code

Purpose of Expenditure

Category/
Type _____

Office Sought:

House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

____,____,____.____

Disbursement For:

Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

____ / ____ / _____

Mailing Address

Amount

____,____,____.____

City

State

Zip Code

Purpose of Expenditure

Category/
Type _____

Office Sought:

House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

____,____,____.____

Disbursement For:

Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

3000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ▶

(c) **TOTAL** Independent Expenditures ▶
(carry total from last page forward to Line 7)

741100.00